



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <small>Effective 01/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																													
		Application Number	09/739,933																												
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 18, 2000																												
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	REID, JAMES STEVEN																												
(\$)		375.00	Examiner Name	TURNER, SHARON L.																											
METHOD OF PAYMENT (check all that apply)		Art Unit	1647																												
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		Attorney Docket No.	UCAL-263CIP																												
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP		FEE CALCULATION (continued)																													
The Commissioner authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES																													
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 750</td><td>2001 375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 330</td><td>2002 165</td><td>Design filing fee</td><td></td></tr><tr><td>1003 520</td><td>2003 260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 750</td><td>2004 375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 750	2001 375	Utility filing fee		1002 330	2002 165	Design filing fee		1003 520	2003 260	Plant filing fee		1004 750	2004 375	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
1001 750	2001 375	Utility filing fee																													
1002 330	2002 165	Design filing fee																													
1003 520	2003 260	Plant filing fee																													
1004 750	2004 375	Reissue filing fee																													
1005 160	2005 80	Provisional filing fee																													
SUBTOTAL (1)																															
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																															
<table border="1"><thead><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims -20** =</td><td>x</td><td>=</td></tr><tr><td>Indep. Claims -3** =</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td></td><td>=</td></tr></tbody></table>		Extra Claims	Fee from below	Fee Paid	Total Claims -20** =	x	=	Indep. Claims -3** =	x	=	Multiple Dependent		=																		
Extra Claims	Fee from below	Fee Paid																													
Total Claims -20** =	x	=																													
Indep. Claims -3** =	x	=																													
Multiple Dependent		=																													
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 84</td><td>2201 42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 280</td><td>2203 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 84</td><td>2204 42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2) \$</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1202 18	2202 9	Claims in excess of 20		1201 84	2201 42	Independent claims in excess of 3		1203 280	2203 140	Multiple dependent claim, if not paid		1204 84	2204 42	** Reissue independent claims over original patent		1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) \$					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
1202 18	2202 9	Claims in excess of 20																													
1201 84	2201 42	Independent claims in excess of 3																													
1203 280	2203 140	Multiple dependent claim, if not paid																													
1204 84	2204 42	** Reissue independent claims over original patent																													
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																													
SUBTOTAL (2) \$																															
*or number previously paid, if greater; For Reissues, see above.		*Reduced by Basic Filing Fee Paid																													
SUBMITTED BY		SUBTOTAL (3) (\$) 375.00																													
Name (Print/Type) Paula A. Borden		Complete (if applicable)																													
Signature		Registration No. (Attorney/Agent) 42,344	Telephone (650) 327-3400																												
		Date 09/15/2003																													

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.